

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28095

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 227

## 1. PLACE OF DEATH:

- (a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. State Penitentiary 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community Not known  
years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cole  
(c) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Mo. State Prison  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6th  
year 1941 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from July  
23rd, 1941, to Aug 6th, 1941;  
that I last saw him alive on Aug 6th, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death.

Staphylococcus Septicemia  
Origin not determined

Due to

Due to

Other conditions Tooth Extraction  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature Marshall H. H. H. (M. D. or other) M.D.  
Address Jefferson City, Mo. Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 12 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Victor Buescher*

Licensed Embalmer No.....

3701

P. O. Address.....

*JC Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.